

# PROVINCIAL REGISTRATION OF DEATH- DIVISION OF VITAL STATISTICS

NAME	SURNAME			ALL GIVEN NAMES		
USUAL RESIDENCE	COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural route address)					
	CITY, TOWN OR OTHER PLACE (by name)			POSTAL CODE		PROVINCE (or country)
	HEALTH CARD NO.			S.I.N.		SEX M <input type="checkbox"/> F <input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE		
OCCUPATION	KIND OF WORK DONE DURING MOST OF WORKING LIFE			KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED		
BIRTHDATE	MONTH (by name), DAY, YEAR OF BIRTH					
BIRTHPLACE	CITY TOWN OR OTHER PLACE			PROVINCE (or country) OF BIRTH		
FATHER	SURNAME AND GIVEN NAMES OF FATHER			BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY		
MOTHER	MAIDEN AND GIVEN NAMES OF MOTHER			BIRTHPLACE - CITY OR PLACE, PROVINCE OR COUNTRY		
EXECUTOR OR NEXT-OF-KIN	NAME			ADDRESS		
	POSTAL CODE	TELEPHONE NO.		E-MAIL	RELATIONSHIP TO DECEASED	
ALTERNATE CONTACT	NAME			ADDRESS		
	POSTAL CODE	TELEPHONE NO.		E-MAIL	RELATIONSHIP TO DECEASED	

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ALTERNATIVES™**  
**FUNERAL & CREMATION**  
**SERVICES**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone# \_\_\_\_\_

# FINAL ARRANGEMENTS

1. Type of Final Arrangement (Check appropriate box - See reverse for description):
- ALTERNATIVES EVENT       FUNERAL SERVICE       Open Casket     Closed Casket  
 GRAVESIDE SERVICE       MEMORIAL SERVICE       DIRECT CREMATION OR BURIAL  
 GREEN BURIAL       GREEN CREMATION
2. I request that my Event is to be conducted by:
- Clergy       Non-Religious       Celebrant  
 Family Member       Other
3. I request that my Alternatives Event™ / Funeral / Memorial Service is to be held at:
- \_\_\_\_\_
- (Name of Church OR Assembly Facility)
4. I would like a reception to follow:       YES       NO
5. I request my body be:       CREMATED       BURIED
6. If **BURIAL**, name of cemetery: \_\_\_\_\_
7. I already own burial property at the above cemetery:       YES       NO
8. If **CREMATION**, I wish that my cremated remains be:
- BURIED AND MEMORIALIZED IN FAMILY PLOT OR CREMATION PLOT
- \_\_\_\_\_
- (Name and place of cemetery)
- OR, PERMANENTLY SCATTERED:       ON LAND       AT SEA       OTHER
- IF OTHER, specify: \_\_\_\_\_
- CREMATED REMAINS TO BE RETURNED TO:       MY FAMILY     EXECUTOR
9. I would like to have my Event broadcast via the Internet (this allows friends and family members from all over the world to be virtual guests at your event):       YES       NO
10. I would like a Video Tribute DVD shown at my event and copies available for my family members.       YES       NO
11. I wish to assist my executor by having Alternatives™ provide a personalized Estate Assistance Guide for his or her use.       YES       NO

For a complete description of all of our services and product options, please visit our website at:

[www.myalternatives.ca](http://www.myalternatives.ca)